

He was yet a bit diffident whether he had really been cured and so wanted my permission to have his blood examined again. The total W.B.C. Count which had never so far come down below 12,000 per cu. mm. was found to be 8800 per cu. mm. The differential W.B.C. Count was: Polymorphs 57 per cent; Lymphocytes 35 per cent; Eosinophiles 6 per cent; Large mononuclear 2 per cent (as against 13 per cent found in one of the earlier examinations).

Was orthodox medicine making a mountain of a mole-hill, or has Homœopathy got the power to make a mountain vanish with magical speed? The patient had several times before tried homœopathy for himself and other members of his family with great benefit. But the glamour of orthodox medicine was too great to be resisted, and he chose to come in for homœopathic treatment only when it had failed him in spite of a six months' trial! He met me only a short time ago and said he was getting on fine with his health.

WHAT ABOUT TONSILS ?

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Yes, what about tonsils? Should we take them out or not?

There is a marked significant change in the attitude of the medical world as regards to tonsils. *Today's Health*, the layman's journal of the AMA, published in its May issue a provocative article by Lois Mattox Miller, which is extracted in the *Reader's Digest* of May, entitled "The Myth of the Terrible Tonsils." The old custom of "tonsil snatching," that once meant two million tonsillectomies a year, is dying a well-earned death.

On this point, again, orthodox medicine rallies to the conservative view held by the Homœopathic School, and, in presenting this paper, I thought it worthwhile to put it on the record.

Carl E. Fisher, a homœopathic authority of the "Gay Nineties," in his *Handbook of the Disease of Children and Their Homœopathic Treatment*, published in 1895, says, page 612: "Some physicians boast of having removed tonsils by the score, even hundreds. Bosworth goes so far as to say that the real hypertrophic tonsillitis is never cured except by excision. Ashby follows in the same trend in suggesting that the only efficient mode of treatment is by removal." Fisher, reflecting the homœopathic consensus of opinion of his time, goes on to say: "It has been my rule to save the tonsils whenever possible and by the careful application of the properly indicated remedies. I have succeeded in many cases when failure seemed certain, and especially in young children is excising rarely if ever justifiable. The condition is almost invariably due to constitutional dyscrasiae, and the removal of the tonsils does not influence these dyscrasiae in the least." This short quotation reflects the unchanged opinions of the homœopathic school, unchanged because experience of over half a century by thousands of homœopaths all over the world has proved it right.

And now, consider the allopathic views in tonsils. Removal of the tonsils was mentioned first in the literature by Celsus in the year 10 A.D. He describes the operation of complete removal. In modern times, Physick of Philadelphia was the first to stress the importance of *complete* removal and introduced the first tonsillotome or guillotine. The rise in incidence of this operation has been one of the major phenomena of 20th century surgery. Because of the benefits obtained from some of the operations in suitable cases, doctors got over-enthusiastic and recommended tonsillectomy and adenoidectomy as a general panacea for a large majority of pediatric problems. So, tonsillectomy has

become the most common procedure performed in this country, constituting about a third of all surgical operations! This is an easy operation to do badly.

The columns of the *Index Medicus* list a long series of articles on the subject of complications of tonsillectomy affecting almost every tissue of the body.

A. LOCAL

1. Local hemorrhage—primary or secondary.
2. Simple phlegmonous inflammation of operative origin.
3. Edema of uvula, palate or larynx.
4. Advanced phlegmon or abscess formations of the mouth.
5. Acute inflammation of regional glands.
6. Phlegmon of the neck.
7. Surgical subcutaneous emphysema.
8. Erysipelas.
9. Fracture of the styloid process.
10. Cavernous sinus thrombosis.
11. Pulmonary foreign body (teeth, pieces of instruments, sponges, tonsilloliths, blood clot).

B. GENERAL

1. Thrombophlebitis—embolism
2. Septicemia—pyemia
3. Otitis media and complications
4. Lung abscess
5. Hyperpyrexia
6. Meningitis or bulbar poliomyelitis
7. Exacerbation of organic diseases (heart, kidneys, joints).

C. OTHER ANGLES

The theory of focal sepsis has largely fallen into disrepute. Cervical adenitis as an indication for intervention, is more than doubtful, as there is evidence that cervical adenitis is less frequent in children with their tonsils than in those who have had them out.

There is no proof, either, that tonsillectomy is beneficial in reducing the frequency of colds. It can certainly be asserted that it is of no value in nephritis. Another disturbing fact is the frequency with which the operation causes, in some children, a disease which in others it is intended to cure, particularly sinusitis and otitis media.

Psychological effects of the operation is no thing to be sneezed at. Night terrors are the characteristic response in children under three; negativism and fear of the dark or of strange men in children over four (Levy, 1945).

The worst of all is the not-so-rare death under the anesthetic, if not from post operative complications. What a disaster for the doctor who has insisted on the operation without adequate indications! What are the indications?

1. Mechanical obstruction giving rise to alteration in speech, difficulty in breathing and swallowing, that have not responded to homœopathic treatment.
2. Recurrent peritonsillar abscesses.
3. Chronic otorrhea and repeated attacks of serous otitis media.
4. Failure of children to gain weight when every other therapy has failed.

Regardless of the function of the normal tonsils, be it metabolic or secretory, the practical problem remains: whether the tonsils in any given child are harmful rather than valuable. According to the best modern authorities, inspection is almost valueless, but history is of paramount importance before coming to a therapeutic decision. The *contraindications* are:

1. *Age.* It is rarely necessary to perform tonsillectomy in children under three years of age. It is not advisable before the age of six.
2. Patients having fever or albuminuria.
3. Epidemics of contagious or infectious diseases.
4. Pulmonic diseases.

5. When vascular anomalies are seen or felt in the tonsillar region.
6. Hemophilia.
7. Acute local peritonsillar abscess.
8. All conditions rendering local and general anesthesia risky.

The decision for the removal of tonsils should not rest with the school nurse, the mother, the father, aunt, neighbors and other lay persons, nor with the general practitioner. It is the nose and throat specialist's business. Most of the time, the specialist is pushed into intervention by the referring general practitioner or the pediatrician. Now that public opinion is getting alerted, they might find more courage to stand by their convictions.

An incomplete operation leaves stumps or tags which are sealed over with scar tissue, thus becoming real foci for infections and the source of many of the complications mentioned above.

The homœopathic approach is "constitutional." Nosodes, such as the various *Tuberculins*, are particularly valuable and frequently indicated. In his book *New Remedies*, Kent states (page 107): "I have cured probably 100 cases of adenoids with *Tuberculinum* alone...so that children breathe through the nose, and close the mouth." Kent cautions about the poor results to be expected in cases that have been operated on.

Besides the *Tuberculins*, and the occasional indications for *Syphillinum* and *Psorinum*, comes the great Triad: *Sulphur*, *Calcarea*, and *Lycopodium* with *Calcarea* in the foreground. According to the homœopathic literature, *Calcarea phos.* is the favorite because of its unfailing action. Next comes *Iodium*, mostly in its combinations: *Calcarea iod.*, *Baryta iod.*, *Kali iod.* and *Mercurius iodatus flavus*. Kent's *Repertory* gives a list of 32 remedies. Boericke points out some unproven remedies worth considering in selected cases, mainly *Agraphis nutans*, *Lobelia syphilitica*, *Sanguinaria nitrica* and *Calcarea fluo-*

rica. Dewey mentions *Hydrastis* and *Cistus canadensis*, if *Calcarea phos.* fails.

Is it necessary to state that Homœopathy treats the patient and, if the simillimum covers the totality of the symptoms, any remedy of the *Materia Medica* might effect a cure? It is true that it is the long way, but it is also the best, because not only the tonsils are cured, but the patient as well.

DISCUSSION

DR. WILLIAM B. GRIGGS [Philadelphia, Pa.] : You have just heard a really practical paper, where this man, like more of us, condemns the wholesale massacre of the children's tonsils. There seems to be such a materialistic aspect to it, that the patient is forgotten entirely. When a person has hypertrophied tonsils, they think by cutting off a piece of meat they will cure the constitutional dyscrasia.

Many years ago when I went to Johns Hopkins every weekend to further my work in pediatrics, Dr. MacKenzie, who was the chief laryngologist there, wrote a paper on the wholesale massacre of the tonsils, and in modern days we have found it to be a fact that children who have had their tonsils removed have been victims of polio, if polio has been around. The tonsils certainly have a function and I am ignorant enough and antiquated enough to believe that the God of nature knows more than some of these doctors, and put the tonsils there for a specific purpose. They are to give the tonsillar tones to the voice, and they do, no doubt, play a part in digestion, and when you take them out you disturb the protein digestion.

In Philadelphia it is criminal to take the tonsils out of a child when poliomyelitis anterior is in progress. I have seen it and have seen terrible results from the wholesale tearing out of tonsils. I have seen specialists tear out the tonsils of a child and I have seen the child bleed to death. They go in and they make a nick in the carotid artery, and before they can sew it up, the child has bled to death. We have seen it at the Woman's Homœopathic Hospital done by throat specialists. These are undeniable, incontestable facts. I have witnessed these things.

A healthy child does not have diseased tonsils. Only a sick child has diseased tonsils. Therefore strike at the foundation, cure the child, and the tonsils will take care of themselves.

DR. F. K. BELLOROSSY [Denver, Colo.] : In most cases of tonsils it is illogical to operate because the whole throat is inflamed and infected, and one should either cut out the whole throat or nothing, not just the tonsils alone.

There is another reason why it is illogical to cut the tonsils out: in all such cases there is a hypertrophy of all the lymph glands in the neck, in the groin, between the lungs, behind the bowels—all those lymph glands are enlarged. Now, if someone wants to make a cure, he has to cut out all those glands or nothing, just as if you had a big house and it is dirty. If you clean a little corner, that won't make the house clean.

It is also necessary to know what makes the tonsils as they are before one operates. In all such cases there is an acidosis of the system. All such children have a dyscrasia on the basis of acids that are formed from foods that are not assimilated, because they are devitalized, and those foods are sugar and cereals—almost all the cereals on the market now are devitalized and as such cannot possibly be assimilated. They simply turn sour in the system and that acid irritates the whole lymph system and irritates all the mucous membranes, therefore causing pharyngitis with tonsillitis and hypertrophy of all the lymph glands.

One should always eliminate sugar and cereals from the diet of such children, and it is very easy to cure the tonsils. I have cured all my tonsil cases up to now within two weeks to three or four months. Every case is curable, and it is not necessary ever to think that one cannot cure a case and one should operate. That is my experience. There may be exceptional cases that should be operated on, but those will be very few and we generally probably won't find them. Those would be the cases for which we would not find any remedy in the *Materia Medica* to cure them.

DR. GRIGGS: Dr. Bellokossy, you have said something when you said to remove every lymphatic gland. I was greatly criticized because I reported a couple of cures of cancer that were corroborated. The surgeon today must operate early. Well, we know when we find the whole lymphatic system is impregnated with the same blood that goes through the cancerous tissue, my answer is: if you gentlemen can think philosophically, you had better amputate the woman instead of the breast.

DR. ALLAN D. SUTHERLAND [Brattleboro, Vt.]: Some years ago—it is all of ten and probably fifteen—I read an article, and I can't remember in what journal nor who the author was, but the author had made a comparative study between some 2500 tonsillectomized children and an approximately equal number of untonsillectomized children with reference to the incidence of upper respiratory infection, and found that the non-tonsillectomized children were freer from upper respiratory infection than those who had had their tonsils removed.

DR. HARVEY FARRINGTON [Chicago, Ill.]: Some of the worst cases of quinsy I have ever seen were in those with tonsils removed. The pus boils down in behind the muscles and an abscess forms.

DR. GRIGGS: That is right.

DR. FARRINGTON : There are many erroneous ideas about quinsy. Quinsy is not an abscess of the tonsil but of the peritonsillar tissue, and that is where the trouble comes. You are not removing the whole disease.

DR. WILBUR K. BOND [Greensfork, Ind.] : Now a lot of throat men are no longer satisfied with just removing the tonsils ; they believe in going down deeper and getting deeper tonsils, claiming the first operation was not a success, and going down far enough to strip the lymphoid glands off the base of the throat, and they claim if the first tonsillectomy done was not satisfactory, the lymphatics around the external carotids are inflamed, and the reason they became inflamed is that the tonsillectomy in the first place was not radical enough, so they are making a "bumper" job out of it and going in for the second time to try to do a worse job.

DR. GRIGGS : They are curetting them all Doctor.

I am not a heretic, but if I find a child post-nasally entirely blocked up with tissue which has no physiologic action, adenoids, I have had that taken out to give a child room to breathe, and to receive a normal amount of oxygen, but when it comes to tonsils themselves, I have been stubborn and as a rule have helped the child with homœopathy.

DR. BOND : Did you use *Agraphis* ?

DR. GRIGGS : I have never had any success with it, but my best success has been with *Calcarea phosphorica*, and one of the newer remedies which is not used here, yeast, one of the non-lactose bacilli, *Sycotin*, which has done beautiful work for me.

DR. BELLOKOSSY : There is plenty of dishonesty on the basis of these operations. When there are no tonsils, then they will tell you that they are imbedded. Now, if they are imbedded, they must be somewhere, and I search and search and never can find tonsils when the child is examined who has "imbedded tonsils," so with such tricks the surgeons treat a patient.

DR. A. H. GRIMMER [Chicago, Ill.] : There is one thing we have been told, and I think it is true : whether we have even homœopathic remedies enough, as the child passes puberty and develops, many of these tonsils go away themselves, without help.

DR. GRIGGS : With the development of the gonads, they do. Yes, we have that.

DR. MOORE : I don't like you fellows to attack such a remunerative procedure. [Laughter]

DR. GRIGGS : You have seen your best days. You have made your money. Why worry ? [Laughter]

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